

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>9/9/99</u>		2 Serial/Patent # <u>09/378-131</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/>	Filing		\$							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input checked="" type="checkbox"/>	Other <u>CLAIMS</u>		\$ <u>181.-</u>							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>181.-</u>								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check							
<input type="checkbox"/>	Duplicate Payment		Credit Deposit A/C #:							
<input type="checkbox"/>	No Fee Due (Explanation):	9	<table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"> <tr> <td></td><td></td><td>--</td><td></td><td></td><td></td><td></td> </tr> </table>			--				
		--								
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>MARIAN DAY</u>		TITLE: <u>LIE</u>								
SIGNATURE: <u>M. Day</u>		PHONE: _____								
OFFICE: <u>OIPB</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>9/17</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B